									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								D 18/16/6×10				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY			R THAN
TOTAL CLAIMS			12					RATE	FEI	OF		L ENTITY
FOR			NUMBE	NUMBER FILED		IUMBER EXTRA		BASIC F			RATE	FEE
TOTAL CHARGEABLE CLAIMS			1.0	7 minus 20=				X\$ 9:	-	-100	BASIC FE	E 770.00
INDEPENDENT CLAIMS				minus 3 =				X43=		OR	Voc	-
М	ULTIPLE DEPE	NDENT CLAIM I	PRESENT	RESENT						OR	X86=	<del>                                     </del>
* If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR	L	ļ	
CLAIMS AS AMENDED - PART II								TOTAL	-	OR	TOTAL	
_	(Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	/ OR		R THAN ENTITY
AMENDMENT A	6/22/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
	Total	1.12	Minus	- 2	0	=	] [	X\$ 9=		OR	X\$18=	/,
	Independent FIRST PRES	ENTATION OF M	Minus ULTIPLE DI	FPENDENT	CLAIM	=/		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	Γ	X\$ 9=		ОЯ	X\$18=	
	Independent	ATATION OF MI	Minus	TOEN DENT	N A 14 4	=		X43=		OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
										OR A	TOTAL DDIT. FEE	
		(Column 1)		(Column		(Column 3)						
I I		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	1.55
	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20."  ** OR ** TOTAL OR												
440	the "Highest Nun	nber Previously Paid per Previously Paid	d For IN THI	S SPACE is to	se than	3 enter *3 *		OIT. FEE . in the app	ropriate bo		DOTT. FEE L	
	PTO-875 (Rev. 10/							-				